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09/078837

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0951-0035

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Application Number	6,469,615
Filing Date	10/26/1998
First Named Inventor	Darren Kady
Art Unit	
Examiner Name	
Attorney Docket Number	KADY-Techlock UT1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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